

PAYMENT REQUEST



VP _____

Entered By _____

PS Approval _____

PS Date _____

OFFICE OF THE COMPTROLLER

VOUCHERS PREVIOUSLY UNENCUMBERED

DATE _____

VENDOR NUMBER _____ TERMS _____

VENDOR NAME _____

REMIT ADDRESS _____

DESCRIPTION _____

40 characters

*Invoice number between ***

MESSAGE _____

AMOUNT \$ _____

ACCOUNT

--	--	--	--	--	--

DEPARTMENT

--	--	--

FUND

--	--	--	--

DIVISION

--	--	--	--	--

PROJECT

--	--	--	--	--	--	--	--	--

PROGRAM CODE

--	--	--	--	--	--	--	--	--	--

ACTIVITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--

GRANT

--	--	--	--	--	--	--	--	--

INVOICE NUMBER

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REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____